



# THE AMERICAN INTERNATIONAL SCHOOL OF MUSCAT

## CONTACT INFORMATION FORM 2019 - 2020

**Parents:** To ensure that our records are current, the Contact Information form must be completed each year by the parent or guardian. Please make certain that the school is promptly informed of any changes, especially telephone numbers.

Name & Grade of youngest child in the family: \_\_\_\_\_

### Primary Contact

Mother's Name: \_\_\_\_\_ GSM Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ GSM Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ GSM Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Alternate email addresses: \_\_\_\_\_

Physical Location of Home: Way: \_\_\_\_\_ House: \_\_\_\_\_ Flat: \_\_\_\_\_

Area: \_\_\_\_\_

### Alternate Contact

In the event of an emergency and we are unable to contact you, please provide an alternative name and residence to take your child.

Contact's Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
(friend, neighbor, aunt, brother, etc.)

GSM Number: \_\_\_\_\_ Other phone contact: \_\_\_\_\_ Type (work/home): \_\_\_\_\_

Physical Location of Home:

Way: \_\_\_\_\_ House: \_\_\_\_\_ Flat: \_\_\_\_\_

Area: \_\_\_\_\_

### Medical Emergency

Family Physician (in Oman): \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

If deemed necessary by school authorities in an emergency, the student may be brought to a hospital of the school's designation for evaluation and/or treatment.

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_